



# MEDICAL STUDENT OUTSIDE AID REPORTING FORM

Complete this form to report any aid from external sources you'll be receiving.

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

### Important Information

**Any delay in reporting outside assistance may result in a delay in the receipt of other financial aid or the repayment of financial aid received.**

- All checks must be payable to UND, with the student's name and student ID number indicated in the memo section of the check or on an attached roster or letter.
- Scholarships and grants checks should be sent directly to Office of Student Affairs & Admissions.
- Talk to your financial aid administrator if you have questions about completing this form.

Financial assistance received from outside agencies or organizations may affect your eligibility for state and federal financial aid. If required, this outside assistance will reduce or replace loans first. A notification of any changes to financial aid awards will be sent to the student's UND Student Email or can be viewed on Campus Connection.

### Outside Aid

Name of Award/Aid	Name of Awarding Organization	Amount		
	Contact Information/Phone Number	Trimester 1	Trimester 2	Trimester 3

I affirm the information provided on this form is a true and accurate reflection of my expected outside aid at this time.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_